SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.Print your name and address on the reverse so that we can return the card to you.	A. Signature X Agent Addressee
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	B/Received by (Printed Name) C. Date of Delivery
olly Thomas-Jensen	Ø. Is delivery address different from item 1? ☐ Yes YES, enter delivery address nelow: ☐ No
Everytown Law 450 Lease gton Avenue, P.O. Box #	14184 DEC 1/2 2022
New York, NY 10163 2:22-cv-00059-AM-VRG DOC[7	- ANDRIVOR TO THE TOUR
9590 9402 7042 1225 9343 02	☐ Adult Signature Restricted Palivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Signature Certified Mail Restricted Delivery
2. Article Number (Transfer from service label) 7021 1970 0001 7402 0971	□ Collect on Delivery □ Signature Confirmation □ Collect on Delivery Restricted Delivery □ Insured Mail Restricted Delivery □ over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt